

APR 24 2006

PTO/SB/22 (10)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after December 8, 2004)		Docket Number (Optional) 99-703 RCE 1	
Application Number 09/426,442		Filed October 25, 1999	
For SYSTEMS AND METHODS FOR SECURING EXTRANET TRANSACTIONS			
Art Unit 2134		Examiner Confirmation No.: 1897	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120.00	Small Entity Fee \$60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-2347</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>26,848</u>	
_____ Signature		_____ Date	
_____ Joel Wall		_____ (972) 718-4800	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 571-273-8300.

Dated: April 24, 2006

Signature: Christian R. Andersen

(Christian R. Andersen)

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